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CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTIT								NTITY	OTHER THAN OR SMALL ENTITY		
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
(37	IC FEE CFR 1.16(a))							s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =				X \$=		OR	x s=	
INDEPENDENT CLAIMS (37 CFR 1.18(b))		VIS	minus 3 =				x \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						+5=		OR	+3		
* If the difference in column 1 is less then zero, enter "0" in column 2.					•	TOTAL		OR	TOTAL		
/ /CLAIMS AS AMENDED - PART II											
	10/4/0C/(Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR		R THAN ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.18(c))	. 9	Minus	0	=		х \$=		OR	x \$=	_
AMENDMENT	Independent (37 CFR 1.16(b))	. 3	Minus	· 3	•/		x s=		OR	x \$*	
AN	FIRST PRESENT	TATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.18(d))		+\$=		OR	+\$=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				,		
ENT B	5-9-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDME	Total (37 CFR 1.18(c))	· q	Minus	"20	=		x 5 =		OR	x s=	
ĒN	Independent (37 CFR 1.16(b))	· 3	Minus	بى ئ	•		x \$=		OR	x \$=	
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))		: 24		OR	+\$ =	
,							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDME	Total (37 CFR 1.15(c))	•	Minus	* /	2		x \$=		OR	x \$=	
	independent (37 CFR 1.18(b))	•	Minus	***	э		x \$ =		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+5=		OR	+ \$=	
TOTAL ADD'L FEE									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Recyclosists Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Recyclosists Paid For" IN THIS SPACE is less than 20, enter "20".											

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 13".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.